

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/657519		FILING DATE 7/8/00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19	1						69				
20							70				
21							71				
22							72				
23							73				
24	1						74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35	1						85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	35						TOTAL DEP.				
TOTAL CLAIMS	39						TOTAL CLAIMS				

## CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

09/653,519

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19	1					
20		17				
21						
22		/				
23		/				
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27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35	1		1			
36						
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45						
46						
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49						
50						
TOTAL IND.	3	3	4			
TOTAL DEP.	50	32	39			
TOTAL CLAIMS	53	35	43			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS